



**The Secretary for Health Services**

COMMONWEALTH OF KENTUCKY  
275 EAST MAIN STREET  
FRANKFORT 40621-0001  
(502) 564-7042

PAUL E. PATTON  
GOVERNOR

MARCIA R. MORGAN  
SECRETARY

September 13, 2002

Home and Community Based Waiver # A-45

Dear Home and Community Based Waiver Provider:

This letter is to notify your agency that the Department for Medicaid Services has revised three (3) pages of the Home and Community Based Waiver Manual Transmittal #1. The revisions are as follows:

- Page 3.7, Section III(h), line 7:  
Deleted: "...or family care home"
- Page 5.7, Section V, 2(a):  
Corrected spelling of "communicable"
- Page 5.13, Section V, 4, line 7:  
Added an example of unit for billing clarification.

Please remove and destroy the above pages and replace with the enclosed pages that were revised 8/2002.

If you have any questions regarding this matter, please contact Gina Oney, Branch Manager. Ms. Oney may be reached at (502) 564-5560.

Thank you for your patience.

Sincerely,

Marcia R. Morgan  
Secretary

MM/tb

*"...promoting and safeguarding the health and wellness of all Kentuckians."*



EQUAL OPPORTUNITY EMPLOYER M/F/D

HOME AND COMMUNITY BASED WAIVER SERVICES MANUAL

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SECTION III – OVERVIEW OF HOME AND  
COMMUNITY BASED WAIVER PROGRAM

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- (e) individual/recipient or his legal representative disagrees with the adverse determination, the recipient shall have the right to an appeal in accordance with 907 KAR 1:563.
- (f) For acute care hospital inpatients whose care needs indicate that nursing facility services may be required, hospital discharge planners are requested to refer the individual to an HCB Waiver provider of their choice.
- (g) It shall be the Nursing Facility's responsibility to ensure that all recipients are informed of the availability of HCB Waiver services as an alternative prior to admission to the nursing facility and annually thereafter.
- (h) HCB Waiver services shall not be provided to an individual who is an inpatient of a hospital, nursing facility, intermediate care facility for individuals with mental retardation or developmental disabilities (ICF/MR/DD) or enrolled in a Medicaid covered Hospice program. An individual who is a resident of a licensed personal care home or who is receiving a service in another Medicaid home and community based services waiver program shall not be eligible to receive HCB Waiver services.
- (i) An HCB Waiver provider shall notify the local DCBS Office and the PRO on a MAP-24 form if a recipient is terminated from the HCB Waiver program, or if the recipient is admitted for less than sixty (60) consecutive days to a nursing facility and is returning to the HCB Waiver program. An HCB recipient who remains in a nursing facility longer than sixty (60) consecutive days shall be terminated from HCB Waiver program. If the recipient requests readmission to the HCB Waiver program after sixty (60) consecutive days all procedures for a new admission shall be followed.

HOME AND COMMUNITY BASED WAIVER SERVICES MANUAL

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SECTION V – HOME AND COMMUNITY BASED WAIVER PROGRAM  
COVERED SERVICES

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3. Reimbursement for Case Management Service

Case management shall be billed using Revenue Code 590 per unit of service. One (1) unit of service is equal to fifteen (15) minutes.

An **initial** unit of service that is less than fifteen (15) minutes may be billed as one (1) unit. After the initial unit, any service time less than fifteen (15) minutes shall be rounded down.

D. Homemaker Service

1. Definition of Homemaker Service

Homemaker service is defined as a service which shall consist of general household activities such as meal preparation and routine household care. This service shall be provided by a trained homemaker.

This service shall be provided to an HCB Waiver recipient:

- (a) Who is functionally unable and would normally perform age-appropriate homemaker tasks; and
- (b) If the caregiver regularly responsible for homemaker activities is temporarily absent or functionally unable to manage the homemaking activities.

2. Homemaker Qualifications and Requirements

The homemaker shall:

- (a) Be free of communicable disease;
- (b) Demonstrate the ability to read, write, understand and carry out instructions, record messages, keep simple records, and interact with an HCB Waiver recipient when providing the service;

HOME AND COMMUNITY BASED WAIVER SERVICES MANUAL

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SECTION V – HOME AND COMMUNITY BASED WAIVER PROGRAM  
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The HCB Waiver Provider shall maintain adequate records of the respite care services for Medicaid claims and billing procedures as well as documentation of the service provision and the actual time spent for each billable service.

4. Reimbursement for Respite Service

The respite service shall be billed using the Revenue Code 660. One (1) unit is equal to one (1) hour.

An **initial** unit of less than one (1) hour shall be billed as one (1) unit. Beyond the initial unit, the service shall be billed according to the actual amount of time the service is provided. For example:

One (1) unit = one (1) hour to one (1) hour, fifty-nine (59) minutes

Two (2) units = two (2) hours to two (2) hours, fifty-nine (59) minutes

**Limitations:** Limitations shall be determined by individual recipient regardless of whether the provider is the HCB Waiver Provider or the ADHC. Reimbursement for respite care services shall be limited to no more than \$2,000 per HCB Waiver recipient per six (6) month period, (January 1 thru June 30 and July 1 thru December 31), not to exceed \$4,000 per HCB Waiver recipient per calendar year.

G. Minor Home Adaptations

1. Definition of Minor Home Adaptations

Minor home adaptations shall be changes or additions made to the HCB Waiver recipient's living environment to make it possible to remain in the current living arrangement. The adaptations shall relate strictly to the HCB Waiver recipient's disability and needs. The adaptations shall be necessary for